

ATTACHMENT C: Proposed Changes to NOMS Services [Please note that this tool has been merged to include both adult and children questions]

	Current Tool	Changed	Notes		
RECORD MANAGEMENT	<p><i>[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]</i></p>	<p>Records Management information is collected by Grantee Staff at BASELINE, REASSESSMENT, and DISCHARGE, even when an assessment interview is not conducted.</p>	<p>Language is simplified.</p>		
	<p>○ Reassessment</p> <p>Which 6-month reassessment?</p> <table border="1" data-bbox="514 699 938 737"> <tr> <td style="width: 100px; height: 20px;"></td> <td style="width: 100px; height: 20px;"></td> </tr> </table> <p><i>[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]</i></p>			<p>○ Reassessment (3-month or 6-month)</p>	<p>Added 3-month reassessment.</p>
<p>Skip to 4. For Adults</p> <p>3. Was the respondent the child or caregiver?</p> <p>○ Child</p> <p>○ Caregiver</p>	<p>For children, was the respondent the child or the caregiver?</p> <p>○ Child</p> <p>○ Caregiver</p>	<p>Simplified the question</p>			
<p>The Behavioral Health Diagnoses section was switched with Demographic Data section. Demographic Data comes first, followed by the Behavioral Health Diagnoses section. If an interview is not conducted, it will end with the demographic data section.</p>					
Demographic Data	<p><i>[SECTION A IS ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION B.]</i></p>	<p>Removed since Demographic Data will be the first section to complete after Records Management.</p>			
	<p>1. What is your gender?</p>	<p>1. What do you consider yourself to be? [Read choices]</p>	<p>Gender question was</p>		

<p> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER <input type="checkbox"/> OTHER (SPECIFY) _____ <input type="checkbox"/> REFUSED </p>	<p> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender (Male to Female) <input type="radio"/> _____ (Feale to Male) <input type="radio"/> Gender Non-conforming <input type="radio"/> Other (specify _____) <input type="radio"/> Refused </p> <p> 2. Do you think of yourself as ... <input type="radio"/> Straight or Heterosexual <input type="radio"/> Homosexual (Gay or Lesbian) <input type="radio"/> Bisexual <input type="radio"/> Queer <input type="radio"/> Pansexual <input type="radio"/> Questioning <input type="radio"/> Asexual <input type="radio"/> Something else? _____ <input type="radio"/> Refused </p>	<p>expanded to include additional categories per workgroup input and to align with CSAT questions.</p>																																												
<p>2. Are you Hispanic or Latino?</p>	<p>3. Are you Hispanic, Latino/a, or of Spanish origin?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused </p>	<p>Latino/a is the preferred term and also changed to align with CSAT.</p>																																												
<p><i>[IF YES]</i> What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.</p> <table border="0"> <thead> <tr> <th>Ethnic Group</th> <th>YES</th> <th>NO</th> <th>REFUSED</th> </tr> </thead> <tbody> <tr> <td>Central American</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cuban</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dominican</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Mexican</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Puerto Rican</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>South American</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Ethnic Group	YES	NO	REFUSED	Central American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dominican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mexican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	South American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p><i>[IF YES]</i> What ethnic group do you consider yourself? You may indicate more than one.</p> <table border="0"> <thead> <tr> <th>Ethnic Group</th> <th></th> </tr> </thead> <tbody> <tr> <td>Central American</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cuban</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Dominican</td> <td><input type="radio"/></td> </tr> <tr> <td>Mexican</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Puerto Rican</td> <td><input type="checkbox"/></td> </tr> <tr> <td>South American</td> <td><input type="checkbox"/></td> </tr> <tr> <td>OTHER</td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Ethnic Group		Central American	<input type="checkbox"/>	Cuban	<input type="checkbox"/>	Dominican	<input type="radio"/>	Mexican	<input type="checkbox"/>	Puerto Rican	<input type="checkbox"/>	South American	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	
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	<p>3. What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.</p> <table border="0"> <thead> <tr> <th>Race</th> <th>YES</th> <th>NO</th> <th>REFUSED</th> </tr> </thead> <tbody> <tr> <td>Alaska Native</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>American Indian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Asian</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Black or African American</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Native Hawaiian or other Pacific Islander</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>White</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Race	YES	NO	REFUSED	Alaska Native	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	American Indian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Native Hawaiian or other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>4. What is your race? You may indicate more than one.</p> <table border="0"> <tbody> <tr> <td>Race</td> <td></td> </tr> <tr> <td>Black or African American</td> <td><input type="checkbox"/></td> </tr> <tr> <td>White</td> <td><input type="checkbox"/></td> </tr> <tr> <td>American Indian</td> <td><input type="radio"/></td> </tr> <tr> <td>Alaska Native</td> <td><input type="checkbox"/></td> </tr> <tr> <td>South Asian</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Chinese</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Filipino</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Japanese</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Korean</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Vietnamese</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Asian</td> <td><input type="radio"/></td> </tr> <tr> <td>Native Hawaiian</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Guamanian or Chamorro</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Samoan</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other Pacific Islander</td> <td><input type="radio"/></td> </tr> <tr> <td>Other (specify _____)</td> <td><input type="radio"/></td> </tr> </tbody> </table>	Race		Black or African American	<input type="checkbox"/>	White	<input type="checkbox"/>	American Indian	<input type="radio"/>	Alaska Native	<input type="checkbox"/>	South Asian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Japanese	<input type="checkbox"/>	Korean	<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Other Asian	<input type="radio"/>	Native Hawaiian	<input type="checkbox"/>	Guamanian or Chamorro	<input type="checkbox"/>	Samoan	<input type="checkbox"/>	Other Pacific Islander	<input type="radio"/>	Other (specify _____)	<input type="radio"/>	Per the work group, race categories were expanded and aligned with CSAT.
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Language access question is not in the current version.		<p>5. Do you speak a language other than English at home? (5 years old or older)</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>IF YES, what is this language (5 years old or older)</p> <p><input type="radio"/> Spanish</p> <p><input type="radio"/> Other _____</p>	Per the HHS Office of Minority Health, these questions are part of demographic data collection. https://minorityhealth.hhs.gov/omh/browse .																																																														

[aspx?lvl=3&lvlid=53](#)

What is your month and year of birth?

Demographic Data

Section B. Military Family and Deployment was removed and two questions were added at the end of the Demographic Data section.

7. [ADULT ONLY] Have you ever served in the Armed Forces, the Reserves, or the National Guard?

- Yes
- No
- Don't know
- Not applicable

AND

8. [ADULT ONLY] Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?

- Yes
- No
- Refused
- Don't Know

These two questions were added to the end of the demographic data section, eliminating section b, making the tool shorter and more streamlined. The question on whether a client has served in active duty role is for adults only. Adults would be the only person who would serve.

Behavioral Health Diagnosis section should be completed by a licensed clinician. Licensed clinicians can diagnose clients/consumers. Licensed clinicians are the only

staff members administering this section of the NOM tool.			
Behavioral Health Diagnoses	<p>In Section B. Violence and Trauma, lists these questions</p> <p>9. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?</p> <p><input type="radio"/> YES</p> <p><input type="radio"/> NO <i>[GO TO 11.]</i></p> <p><input type="radio"/> REFUSED <i>[GO TO 11.]</i></p> <p><input type="radio"/> DON'T KNOW <i>[GO TO 11.]</i></p> <p>10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or present you:</p> <p>a. Have had nightmares about it or thought about it when you did not want to?</p> <p>b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?</p> <p>c. Were constantly on guard, watchful, or easily startled?</p> <p>d. Felt numb and detached from others, activities, or your surroundings?</p> <p>Due to lack of space, the choices for each of the question 10a-10d were Yes, No, Refused, and Don't Know.</p> <p>11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?</p> <p><input type="radio"/> Never</p> <p><input type="radio"/> Once</p> <p><input type="radio"/> A few times</p> <p><input type="radio"/> More than a few times</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>Question 9 was moved to Section A. Functioning.</p> <p>These new trauma questions were added at the beginning of the behavioral health diagnoses section.</p> <p>1. Was the client/consumer screened or assessed by your program for trauma-related experiences:</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>If “no”, please select why:</p> <p><input type="radio"/> No time during interview</p> <p><input type="radio"/> No training around trauma screening/disclosure</p> <p><input type="radio"/> No institutional/organizational policy around screening.</p> <p><input type="radio"/> No referral network and/or infrastructure for trauma services currently available</p> <p><input type="radio"/> Other</p> <p>If screened/assessed, was the screen positive?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p>	<p>Per the workgroup, instead of asking trauma questions, the questions are worded to see if trauma was screened by the program.</p> <p>Questions 10 and 11 were deleted. There was concern that if asked and adverse effects occurred, it could be detrimental to the client.</p>
Behavioral	Please indicate the consumer's current behavioral health diagnoses	The mental health diagnoses are listed first, with sub-	

<p>Health Diagnoses</p>	<p>using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM-5)</i> descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.</p> <p>The substance use disorder diagnoses are listed first, followed by mental health diagnoses. There are sub-categories among the substance use disorders and none for mental health. Primary, secondary, and tertiary radio buttons are included for each diagnosis.</p>	<p>categories, followed by substance use diagnoses. The diagnoses are aligned with the most current version of the ICD-10. Radio buttons for primary, secondary or tertiary were removed</p>	<p>1Per workgroup input.</p>
<p>Behavioral Health Diagnoses</p>	<p>These questions were moved from the Zero Suicide program specific questions as part of the behavioral health diagnoses section, right after the trauma questions.</p>	<p>2. Did the individual have a positive suicidal screen?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused <p>If Yes, was a suicidal safety plan developed?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused <p>If Yes, was access to lethal means assessed?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Don't know <input type="radio"/> Refused 	<p>These questions were added per Center leadership instead of asking direct questions related to suicide in the program specific guidance. These questions will also be asked of every grant program.</p>

<p>Behavioral Health Diagnoses</p>	<p>Several categories for mental health diagnoses were expanded, to include more commonly selected diagnoses.</p>	<p>These are the categories for mental health diagnoses (with specific conditions under each one, but not listed here for space issues):</p> <ul style="list-style-type: none"> • Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders • Mood [affective] disorders • Phobic anxiety and other anxiety disorders • Obsessive-compulsive disorders • Reaction to severe stress and adjustment disorders • Behavioral syndromes associated with psychological disturbances and physical factors • Disorders of adult personality and behavior 	<p>These categories were added per CMHS leadership.</p>
<p>Behavioral Health Diagnoses</p>	<p>This was not in the original tool.</p>	<p>Right before the list of diagnostic codes, a question is added:</p> <p>If no mental health diagnosis, select reason:</p> <ul style="list-style-type: none"> <input type="radio"/> Clinician was not available to assess <input type="radio"/> High risk factors requiring intervention and not yet meeting criteria for a DSM/ICD diagnosis <input type="radio"/> Only met criteria for a “Z “code <input type="checkbox"/> Other (please specify_____) <p>Z codes were also added at the end of the diagnostic code list. They are:</p> <ul style="list-style-type: none"> • Z55 – Problems related to education and literacy 	<p>These additional questions and Z codes were included to ensure complete data collection. The selected Z codes are related to the social determinants of health, which are being encouraged by Medicaid providers to</p>

		<ul style="list-style-type: none"> • Z56 – Problems related to employment and unemployed • Z57 – Occupational exposure to risk factors • Z59 – Problems related to housing and economic circumstances • Z60 – Problems related to social environment • Z62 – Problems related to upbringing • Z63 – Other problems related to primary support group, including family circumstances • Z64 – Problems related to certain psychological circumstances 	begin collecting.
Behavioral Health Diagnoses	The substance use disorder diagnoses are listed first, followed by mental health diagnoses. There are sub-categories among the substance use disorders and none for mental health. Primary, secondary, and tertiary radio buttons are included for each diagnosis.	The mental health diagnoses are listed first, with sub-categories, followed by substance use diagnoses. The diagnoses are aligned with the most current version of the ICD-10. Radio buttons for primary, secondary or tertiary were removed.	Per workgroup input.
FUNCTIONING	1. How would you rate your or your child’s overall health right now? <ul style="list-style-type: none"> ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor ○ REFUSED ○ DON’T KNOW 	1. How would you rate your [your child’s] overall mental health right now? <ul style="list-style-type: none"> ○ Excellent ○ Very Good ○ Good ○ Fair ○ Poor ○ Refused 	The choices “refused” and “don’t know” were removed. Also, the question was reworded to address the overall mental health, not physical health.
	Question on how well you (or your child) were able to deal with everyday life during the past thirty days and the question about how you have been feeling during the past 30 days uses a Likert scale.	These questions were reduced and have answer choices of Yes, No, or No response/refused.	Likert scale changed to be more concise and clearer for grantees to answer and

			reduce the amount of time needed for the grantee to read the possible responses.
	<p>These following questions are in Section B. Functioning:</p> <ul style="list-style-type: none"> In the last 4 weeks how would you rate your quality of life? (very poor, poor, neither good or poor, good, very good, refused, don't know) In the last 4 weeks do you have enough energy for everyday life? (not at all, a little, moderately, mostly, completely, refused, don't know) <p>The answer choices are very dissatisfied, dissatisfied, neither satisfied or dissatisfied, satisfied, very satisfied, refused, don't know for the following questions: In the last 4 weeks...</p> <ul style="list-style-type: none"> How satisfied are you with your ability to perform your daily living activities? How satisfied are you with your health? How satisfied are you with yourself? How satisfied are you with your personal relationships? 	All of these questions are deleted.	Per workgroup
	6. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). In the past 30 days, how often have you used ...	All of the questions in this section are deleted.	Data was not used and deletion reduces grantee burden. Per workgroup
	Global Assessment of Functioning Score	Deleted.	The GAF is no longer used in clinical assessments.
MILITARY AND	7b. have you ever been deployed to a combat zone? <input type="radio"/> Yes	These questions are deleted.	Data was not used, and

<p>FAMILY DEPLOYMENT</p>	<ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't know <p>If yes (list of combat zones and wars).</p> <p>8. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves or the National Guard?</p>		<p>deletion reduces grantee burden.</p>
<p>STABILITY IN HOUSING</p>	<p>In the past 30 days, how many ...</p> <ul style="list-style-type: none"> a. Nights have you been homeless b. Nights have you spent in a hospital for mental health care? c. Nights have you spent in a facility for detox/inpatient or residential substance abuse treatment? d. Nights have you spent in correctional facility including jail or prison? e. Times you have gone to an emergency room for a psychiatric or emotional problem? <p>These questions include # of nights, refused, don't know.</p>	<p>In the past 30 days, have you [your child] ...</p> <ol style="list-style-type: none"> 1. been homeless 2. spent time in a hospital for mental health care 3. Spent time in a facility for detox/inpatient treatment for a substance abuse disorder 4. Spent time in a correctional facility (e.g. jail, prison, juvenile facility) 5. Gone to an emergency room for a mental health or emotional problem 6. Been satisfied with the conditions of your living space. <p>Responses choices are now Yes, No, or No Response/Refused.</p>	<p>Streamlined questions based on GPO workgroup feedback.</p>
	<p>3. In the past 30 days, where have you been living most of the time?</p> <ul style="list-style-type: none"> <input type="radio"/> OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM <input type="radio"/> SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM <input type="radio"/> HOMELESS (SHELTER, STREET/OUTDOORS, PARK) <input type="radio"/> GROUP HOME <input type="radio"/> ADULT FOSTER CARE <input type="radio"/> TRANSITIONAL LIVING FACILITY <input type="radio"/> HOSPITAL (MEDICAL) <input type="radio"/> HOSPITAL (PSYCHIATRIC) 	<p>2. In the past 30 days, where have you been living most of the time?</p> <ul style="list-style-type: none"> <input type="radio"/> Private residence <input type="radio"/> Foster home <input type="radio"/> Residential care <input type="radio"/> Crisis residence <input type="radio"/> Residential treatment center <input type="radio"/> Institutional setting <input type="radio"/> Jail/correctional facility <input type="radio"/> Homeless/shelter <input type="radio"/> Other (SPECIFY) _____ <input type="radio"/> Don't know 	<p>Streamlined questions based on GPO workgroup feedback. Reduced number of responses = reduced grantee burden.</p>

	<ul style="list-style-type: none"> <input type="radio"/> DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY <input type="radio"/> CORRECTIONAL FACILITY (JAIL/PRISON) <input type="radio"/> NURSING HOME <input type="radio"/> VA HOSPITAL <input type="radio"/> VETERAN'S HOME <input type="radio"/> MILITARY BASE <input type="radio"/> OTHER HOUSED (SPECIFY) _____ <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p>In the last 4 weeks ... how satisfied are you with the conditions of you living place? (very dissatisfied, dissatisfied, neither dissatisfied or satisfied, satisfied, very satisfied)</p>		
<p>EDUCATION AND EMPLOYMENT</p>	<p>1. Are you currently enrolled in school or a job training program? <i>[IF ENROLLED] Is that full time or part time?</i></p> <ul style="list-style-type: none"> <input type="radio"/> NOT ENROLLED <input type="radio"/> ENROLLED, FULL TIME <input type="radio"/> ENROLLED, PART TIME <input type="radio"/> OTHER (SPECIFY) _____ <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <p>2. What is the highest level of education you have finished, whether or not you received a degree?</p> <ul style="list-style-type: none"> <input type="radio"/> LESS THAN 12TH GRADE <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED) <input type="radio"/> VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA <input type="radio"/> SOME COLLEGE OR UNIVERSITY <input type="radio"/> BACHELOR'S DEGREE (BA, BS) <input type="radio"/> GRADUATE WORK/GRADUATE DEGREE <input type="radio"/> REFUSED 	<p>1. Are you [your child] currently enrolled in school or a job training program?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No response/refused <p>2. [ADULT ONLY] – What is the highest level of education you have finished, whether or not you received a degree?</p> <ul style="list-style-type: none"> <input type="radio"/> LESS THAN 12TH GRADE <input type="radio"/> 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED) <input type="radio"/> VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA <input type="radio"/> SOME COLLEGE OR UNIVERSITY <input type="radio"/> BACHELOR'S DEGREE (BA, BS) <input type="radio"/> GRADUATE WORK/GRADUATE DEGREE <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>These questions were modified child or adult, made it more streamlined.</p>

	<p>○ DON'T KNOW</p> <p>The “Are you currently employed” question remains the same (no change). However, the subsequent questions (see below) were removed.</p> <p>3a. [IF EMPLOYED.] Employment Status. Choices are Yes, No, Refused, Don't know</p> <ul style="list-style-type: none"> • Are you paid at or above the minimum wage? • Are your wages paid directly to you by your employer? • Could anyone have applied for this job? 	3a questions are deleted.	Per workgroup input.
	<p>3.</p> <p>a. [ADULT ONLY] - Are you currently employed?</p> <ul style="list-style-type: none"> i. Employed full-time (35+ HOURS per week) ii. Employed, part-time iii. Unemployed, but looking for work iv. Unemployed, not looking for work v. Unemployed, not working due to a disability vi. Unemployed, not working, retired vii. Other (SPECIFY) _____ viii. Refused ix. Don't know 	<p>1. [ADULT ONLY] - Are you currently employed?</p> <ul style="list-style-type: none"> ○ Employed full-time (35+ HOURS per week) ○ Employed, part-time ○ Unemployed, but looking for work ○ Not looking for work ○ Disable, not working ○ Retired, not working ○ Other (SPECIFY) _____ ○ Refused ○ Don't know 	Took out the word “unemployed” for certain answer choices per feedback from CBHSQ.
	<p>4. In the past 30 days, did you ... 4.a. Have you enough money to meet your needs? Answer choices are not at all, a little, moderately, mostly, completely, refused, don't know.</p>	<p>4. In the past 30 days, did you ... 4.a. Have you enough money to meet your [your child's] needs? Answer choices are yes, no, no response, n/a.</p>	Likert scale changed to be more concise and clearer for grantees to answer. Reduces grantee burden
CRIME AND CRIMINAL	<p>1. In the past 30 days, how many times have you been arrested?</p>	<p>1.[ADULT ONLY] In the past 30 days, have you ... D.1.a. Been arrested? (Yes, no, no response, n/a)</p>	Questions expanded and

JUSTICE STATUS	<p>_____ TIMES</p> <ul style="list-style-type: none"> <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>D.1.b. Spent time in a jail or correctional facility or on probation? (Yes, no, no response, n/a)</p> <p>2. [CHILD ONLY] In the past 30 days, have you ...</p> <p>D.2.a. Been arrested? (Yes, no, no response, n/a)</p> <p>D.2.b. Spent time in a jail or been on juvenile probation? (Yes, no, no response, n/a)</p>	<p>broken out for adult and child.</p> <p>Number of times arrested was removed – data was never used.</p>
PERCEPTION OF CARE	<p>Questions 1a. – 1n remain the same. The answer choices are Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, Refused, and Not applicable.</p>	<p>Questions 1a – 1n remain the same. The answer choices are changed to Yes, No, or No Response/Refused. .</p>	<p>Likert scale changed to be more concise and clearer for grantees to answer. Reduced grantee burden.</p>
	<p>2. [INDICATE WHO ADMINISTERED SECTION F, PERCEPTION OF CARE, TO THE RESPONDENT FOR THIS INTERVIEW.]</p> <ul style="list-style-type: none"> <input type="radio"/> ADMINISTRATIVE STAFF <input type="radio"/> CARE COORDINATOR <input type="radio"/> CASE MANAGER <input type="radio"/> CLINICIAN PROVIDING DIRECT SERVICES <input type="radio"/> CLINICIAN NOT PROVIDING SERVICES <input type="radio"/> CONSUMER PEER <input type="radio"/> DATA COLLECTOR <input type="radio"/> EVALUATOR <input type="radio"/> FAMILY ADVOCATE <input type="radio"/> RESEARCH ASSISTANT STAFF <input type="radio"/> SELF-ADMINISTERED <input type="radio"/> OTHER (SPECIFY) _____ 	<p>Indicate who administered Section F to the client/consumer for this interview:</p> <ul style="list-style-type: none"> <input type="radio"/> Administrative staff <input type="radio"/> Care coordinator <input type="radio"/> Case manager <input type="radio"/> Clinician providing direct services <input type="radio"/> Clinician not providing direct services <input type="radio"/> Consumer/peer <input type="radio"/> Data collector/evaluator <input type="radio"/> Family advocate <input type="radio"/> Other (SPECIFY) _____ 	<p>Evaluator and research assistant staff choices were removed.</p>
SOCIAL CONNECTEDNESS	<p><i>Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.</i></p>	<p><i>Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.</i></p>	<p>Combined child and adult questions.</p>

	<p>Response options are: Strongly Disagree, Disagree, Undecided, Agree, Strongly Agree, and Refused.</p> <p>1a. I am happy with the friendships I have. 1b. I have people with whom I can do enjoyable things. 1c. I feel I belong in my community. 1d. In a crisis, I would have the support I need from family or friends. 1e. I have family or friends that are supportive of my recovery. 1f. I generally accomplish what I set out to do.</p>	<p>Response options are: Yes, No, or No Response/Refused.</p> <p>1a. I [my child] am happy with the friendships I have. 1b. I have [my child has] people with whom I can do enjoyable things. 1c. I feel [my child feels] that I [they] belong in the community. 1d. In a crisis, I [my child] would have the support I need from family or friends. 1e. I have [my child has] family or friends that are supportive of my recovery. 1f. I [my child] generally accomplish what I set out to do.</p>	<p>Likert scale changed to be more concise and clearer for grantees to answer.</p>
Section H – Health Data and Program-specific questions	<p>Program-specific questions for Assisted Outpatient Treatment, Partnerships for Early Diversion, PIPBHC, Minority AIDS – Service Integration, Healthy Transitions, Assertive Community Treatment, Clinical High Risk for Psychosis, CCBHC, NCTSI-Category 3, CMHI, Zero Suicide</p>	<p>Is now Section G. Program specific questions have been reduced from 12 to 10 programs (deleted questions for Zero Suicide and CMHI)</p>	<p>Reduce grantee burden</p>
Reassessment Status	<p>Deleted</p>		<p>Data is asked in other sections of the tool. Section was deleted.</p>
Clinical Discharge Status and Services Received	<p>Now is Section H. No changes to questions</p>		<p>Not applicable.</p>
G1 Assisted Outpatient	<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.</p>	<p>Language is simplified.</p>

<p>Treatment (AOT)</p>	<p>1. In the past 30 days, how often have you taken all of your psychiatric medication(s) as prescribed to you?</p> <ul style="list-style-type: none"> <input type="radio"/> Always <input type="radio"/> Usually <input type="radio"/> Sometimes <input type="radio"/> Rarely <input type="radio"/> Never <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>2. In the past 30 days, have you taken your psychiatric medication(s) as prescribed to you?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Response/Refused 	<p>Likert scale simplified to ease grantee and client burden.</p>
	<p><i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]</i></p>	<p>Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.</p>	<p>Language is simplified.</p>
	<p>2. In the past 30 days, how compliant has the consumer been with their treatment plan?</p> <ul style="list-style-type: none"> <input type="radio"/> Not compliant <input type="radio"/> Minimally compliant <input type="radio"/> Moderately compliant <input type="radio"/> Highly compliant <input type="radio"/> Fully compliant <input type="radio"/> DON'T KNOW <input type="radio"/> NOT APPLICABLE 	<p>3. In the past 30 days, have you followed your treatment plan?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No Response/Refused 	<p>Likert scale simplified to ease grantee and client burden.</p>
	<p>Directions listed in bold at the end of H1.</p>	<p>Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).</p>	<p>Language is simplified.</p>

<p>G2</p> <p>Law Enforcement and Behavioral Health Partnership for Early Diversion (EarlyDiv)</p>	<p>[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</p>	<p>Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.</p>	<p>Language is simplified.</p>
	<p>1. Did the consumer screen positive for a mental health disorder?</p> <p><input type="checkbox"/> Consumer screened positive <input type="checkbox"/> Consumer screened negative <input type="checkbox"/> Consumer was not screened</p>	<p>Deleted in proposed tool.</p>	<p>Question was deleted to better suit program needs.</p>
	<p>[IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</p> <p>Mental health services</p> <p>YES NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>1. Was the consumer referred to mental health services?</p> <p>YES NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Answer scale simplified to ease grantee and client burden.</p>
	<p>a. 2. [IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</p> <p>Mental health services</p> <p>YES NO DON'T KNOW NOT APPLICABLE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>[IF YES] Did they receive mental health services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other</p>	<p>Question was streamlined to be clearer and more concise.</p>
	<p>2. Did the consumer screen positive for a substance use disorder?</p> <p><input type="checkbox"/> Consumer screened positive <input type="checkbox"/> Consumer screened negative <input type="checkbox"/> Consumer was not screened</p>	<p>Deleted in proposed tool.</p>	<p>Question was deleted to better suit program needs.</p>

<p>a. [IF CONSUMER SCREENED POSITIVE] Was the consumer referred to the following type of services?</p> <p style="text-align: right;">YES NO</p> <p>Substance use disorder services <input type="checkbox"/> <input type="checkbox"/></p>	<p>2. Was the consumer referred to substance use disorder services?</p> <p style="text-align: center;">YES NO</p> <p style="text-align: center;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>Question was deleted to better suit program needs.</p>
<p>b. [IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</p> <p>Substance use disorder services</p> <p>YES NO DON'T KNOW NOT APPLICABLE</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p>	<p>[IF YES] Did they receive substance use disorder services?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Other</p>	<p>Question was deleted to better suit program needs.</p>
<p>Directions in current tool were not clear and difficult to read.</p>	<p>Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (reassessment and clinical discharge).</p>	<p>Directions added to Question 3 on when to administer tool.</p>
<p>3. Please indicate the degree to which you agree or disagree with the following statement:</p> <p>Receiving community-based services through the [INSERT GRANTEE NAME] program has helped me to avoid further contact with the police and the criminal justice system.</p> <p><input type="radio"/> Strongly Disagree</p> <p><input type="radio"/> Disagree</p> <p><input type="radio"/> Undecided</p> <p><input type="radio"/> Agree</p> <p><input type="radio"/> Strongly Agree</p> <p><input type="radio"/> REFUSED</p> <p><input type="radio"/> DON'T KNOW</p>	<p>4. Has this program helped you avoid further contact with the police and criminal justice system?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> No response/Refused</p>	<p>Question streamlined to be clearer and more concise.</p>

	<p>Directions listed in bold at the end of H2.</p>	<p>Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).</p>	<p>Language is simplified.</p>									
	<p><i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.</p>	<p>Language is simplified.</p>									
<p>G3: Promoting The Integration of Primary and Behavioral Health Care (PIPBHC)</p>	<p>1. In the past 30 days, how many times have you (fill in number)...</p> <p>a. Been to the emergency room for a physical healthcare problem?</p> <p>b. Been hospitalized overnight for a physical healthcare problem? <i>[REPORT NUMBER OF NIGHTS HOSPITALIZED.]</i></p> <p>____ # OF DAYS</p> <p><input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> NOT APPLICABLE</p>	<p>The same questions (1a and 1b) are asked in the proposed tool. The answer options have changed.</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Question was retained in the proposed tool. However, answer options were changed to Yes, No, or Refused. Program staff needed to know if a client had been hospitalized or hospitalized overnight within the last 30 days. Staff do not need to know the frequency of hospital entry.</p>
Yes	No	No										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
	<p><i>[QUESTION 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i></p>	<p>Deleted in proposed tool.</p>	<p>Directions were not needed as question was</p>									

	<p>2. Please indicate which type of funding source(s) was (were)/will be used to pay for the services provided to this consumer since their last interview. (Check all that apply):</p> <ul style="list-style-type: none"> <input type="radio"/> Current SAMHSA grant funding <input type="radio"/> Other federal grant funding <input type="radio"/> State funding <input type="radio"/> Consumer's private insurance <input type="radio"/> Medicaid/Medicare <input type="radio"/> Other (Specify): _____ 	Deleted in proposed tool.	<p>deleted.</p> <p>Information on funding sources is not used by program staff.</p>
	<p>Question in current version asks for grantee staff to measure a client's waist circumference and report data (in centimeters).</p>	Deleted in proposed tool.	<p>Measuring waist circumference added burden to grantees. The data collected was not used in CMHS's data analysis. Finally, CMHS medical advisers also agreed that this measure was not needed to provide care to clients.</p>
	<p>Question in current version asks for grantee staff to measure a client's waist circumference and report data (in centimeters).</p>	Deleted in proposed tool.	<p>Grantees found this measure to be burdensome.</p>

			The grantees also do not believe this is a helpful measure for client success.
	Did patient successfully fast for 8 hours prior to providing the blood sample?	Deleted in proposed tool.	Fasting data is not used by CMHS in data analysis. Finally, CMHS medical advisers also agreed that this measure was not needed to provide care to clients.
	Question in current version asks for grantee staff to determine a client's HDL cholesterol via a blood test and report data (in milligrams per deciliter).	Deleted in proposed tool.	Collecting HDL cholesterol data added burden to grantees. The data collected was not used in CMHS's data analysis. Finally, CMHS medical advisers also agreed that

			this measure was not needed to provide care to clients.
	Question in current version asks for grantee staff to determine a client's Triglycerides level via a blood test and report data (in milligrams per deciliter).	Deleted in proposed tool.	Collecting blood Triglycerides data added burden to grantees. The data collected was not used in CMHS's data analysis. Finally, CMHS medical advisers also agreed that this measure was not needed to provide care to clients.
	Directions listed in bold at the end of H3.	Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).	Language is simplified.

	Directions listed in bold at the end of H3.	Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).	Language is simplified.
G4: Minority-AIDS	<i>[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i>	Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.	Language is simplified.
	<i>[QUESTIONS 1 AND 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i> Directions listed in bold at the end of H4.	Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).	Language is simplified.
G5: Healthy Transitions (HTI)	<i>[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i>	Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.	Language is simplified.
	2. Did the consumer screen positive for a mental health disorder? <input type="checkbox"/> Consumer screened positive <input type="checkbox"/> Consumer screened negative <input type="checkbox"/> Consumer was not screened	Deleted in proposed tool.	Question was deleted to better suit program needs.
	IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services? <p style="text-align: center;">YES NO</p>	1. Was the consumer referred to mental health services? <p style="text-align: center;">YES NO</p>	Answer scale simplified to ease grantee and client burden.

<p>Mental health services <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	
<p>a. [IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</p> <p>Mental health services</p> <p>YES NO DON'T KNOW NOT APPLICABLE</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>[IF YES] Did they receive mental health services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other</p>	<p>Answer scale simplified to ease grantee and client burden.</p>
<p>2. Did the consumer screen positive for a substance use disorder?</p> <p><input type="checkbox"/> Consumer screened positive <input type="checkbox"/> Consumer screened negative <input type="checkbox"/> Consumer was not screened</p>	<p>Deleted in proposed tool.</p>	<p>Question was deleted to better suit program needs.</p>
<p>a. [IF CONSUMER SCREENED POSITIVE] Was the consumer referred to the following type of services?</p> <p>Substance use disorder services YES NO <input type="checkbox"/> <input type="checkbox"/></p>	<p>2. Was the consumer referred to substance use disorder services?</p> <p>YES NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>Questions changed to be more concise and clearer for grantees to complete.</p>
<p>a. [IF CONSUMER WAS REFERRED TO SERVICES] Did they receive the following services?</p> <p>Substance use disorder services</p> <p>YES NO DON'T KNOW NOT APPLICABLE</p>	<p>[IF YES] Did they receive substance use disorder services?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other</p>	<p>Answer scale changed to be more concise and clearer for grantees to complete.</p>

	□□□□□□□□□□□□□□□□		
	Directions in current tool were not clear and difficult to read.	Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (reassessment and clinical discharge).	Directions added to Question 3 on when to administer tool.

CMHI and Zero Suicide no longer use Section H6 (now Section G6) for program-specific data collection in the proposed tool.

G6:	<i>[QUESTION 1 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE.]</i>	Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.	Language is simplified.						
Assertive Community Treatment (ACT)	<p>1. In the past 30 days:</p> <p>a. How many times have you thought about killing yourself?</p> <p>a. How many times did you attempt to kill yourself?</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: center;">Number of Times</th> <th style="text-align: center;">REFUSED</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;">□</td> </tr> <tr> <td style="text-align: center;"> _ _ _ </td> <td style="text-align: center;">□</td> </tr> </tbody> </table>	Number of Times	REFUSED	_ _ _	□	_ _ _	□	Deleted in proposed tool.	Question was not needed by program staff.
Number of Times	REFUSED								
_ _ _	□								
_ _ _	□								
	<i>[QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT REASSESSMENT AND CLINICAL DISCHARGE.]</i>	1. How often does a member of your team interact with you?	Likert scale was modified to be more						

	<p>1. How often does a member of your team interact with you?</p> <ul style="list-style-type: none"> <input type="radio"/> Several times a day <input type="radio"/> Almost every day <input type="radio"/> A few times a week <input type="radio"/> About once a week <input type="radio"/> A few times a month <input type="radio"/> About once a month <input type="radio"/> Less than once per month <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<ul style="list-style-type: none"> <input type="radio"/> At least daily <input type="radio"/> At least weekly <input type="radio"/> At least monthly <input type="radio"/> Never <input type="radio"/> REFUSED <input type="radio"/> DON'T KNOW 	<p>concise and clearer.</p>
	<p>Question added to new tool.</p>	<p>2. If I need to talk with someone on my team, I know who to call.</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not applicable 	<p>Question added to understand if client understand how to contact their care team. Question was requested by program staff and aligns with the goals of the program.</p>
	<p>No directions listed at the end of Section H5</p>	<p>Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).</p>	<p>Language is simplified.</p>

	<p><i>[QUESTIONS 1 AND 2 SHOULD BE REPORTED BY GRANTEE STAFF AT REASSESSMENT AND CLINICAL DISCHARGE.]</i></p>	<p>Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (reassessment, and clinical discharge).</p>	<p>Language is simplified.</p>
<p>G7: Clinical High Risk for Psychosis (CHR-P)</p>	<p><i>QUESTION 2 SHOULD BE ANSWERED BY THE CONSUMER AT BASELINE, REASSESSMENT, AND CLINICAL DISCHARGE IF THEY ARE CURRENTLY ENROLLED IN SCHOOL.]</i></p> <p>1. Has the consumer experienced a first-episode of psychosis (FEP) since their last interview?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW </p> <p>a. [IF YES] Please indicate the approximate date that the consumer initially experienced the FEP.</p> <p> _ _ _ / _ _ _ _ _ _ MONTH YEAR </p> <p>b. [IF YES] Was the consumer referred to FEP services?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW </p> <p>[IF CONSUMER WAS REFERRED TO FEP SERVICES] Please indicate the date that the consumer first received FEP services/treatment.</p> <p> _ _ _ / _ _ _ _ _ _ DON'T KNOW MONTH YEAR <input type="checkbox"/> </p>	<p>Deleted in proposed tool.</p> <p>2. Has the consumer experienced an episode of psychosis since their last interview?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW </p> <p>a.[IF YES] Please indicate the approximate date that the consumer initially experienced psychosis.</p> <p> _ _ _ / _ _ _ _ _ _ MONTH YEAR </p> <p>b. [IF YES] Was the consumer referred to services?</p> <p> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> DON'T KNOW </p> <p>[IF CONSUMER WAS REFERRED] Please indicate the date that the consumer received services/treatment.</p> <p> <input type="checkbox"/> _ _ _ / _ _ _ _ _ _ MONTH YEAR </p>	<p>Direction not needed as question was deleted.</p> <p>Client was previously asked If they had a first episode of psychosis. Program staff no longer needed to know when the first-episode of psychosis occurred. Staff need to know if psychosis occurred.</p>

		DON'T KNOW □□□□□□	
	<p>3. <i>[IF THE CONSUMER INDICATED THAT THEY WERE ENROLLED IN SCHOOL] During the past 30 days of school, how many days were you absent for any reason?</i></p> <p>____ ____ # OF DAYS <input type="checkbox"/> REFUSED <input type="checkbox"/> DON'T KNOW <input type="checkbox"/> NOT APPLICABLE</p>	Deleted in proposed tool.	Education information is already collected in Demographics Section of NOMS tool.
	No directions listed at the end of Section H5	Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).	Language is simplified.
G8: Certified Community Behavioral Health Clinics-Expansion Grant (CCBHC-E)	<i>[PROGRAM-SPECIFIC HEALTH ITEMS ARE REPORTED BY THE GRANTEE ABOUT THE CONSUMER.]</i>	Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.	Language is simplified.
	Question in current version asks for grantee staff to measure a client's waist circumference and report data (in centimeters).	Deleted in proposed tool.	Grantees found this measure to be burdensome. The grantees also do not believe this is a helpful measure for

	No directions listed at the end of Section H8.	Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (baseline, reassessment, and clinical discharge).	client success. Language is simplified.
G9: National Child Traumatic Stress Imitative – Category 3 (NTCSI-Cat-3)	<i>{Questions should be answered by the client/consumer or caregiver BASELINE, REASSESSMENT, and CLINICAL DISCHARGE.}</i>	Directions are outlined in a box to help grantees distinguish directions from the rest of the Section G questions.	Language is simplified.
	[CHILD ONLY] As a result of treatment and services received, I [my child has] have shown improvement in daily life, such as in school or interacting with family or friends. <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Not applicable	Deleted in proposed tool.	Question was not related to program-specific goals.
	No directions listed at the end of Section H5.	Directions are outlined in a box to help grantees distinguish when Section G tool should be administered (reassessment, and clinical discharge).	Language is simplified.